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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/662,639			ing Date 15/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			NUMBER FI	.ED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		N/A			N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A			N/A	
EXAMINATION FEE (37 CFR 1 16(o), (p), or (q))			N/A		N/A		N/A			N/A	
TOTAL CLAIMS (37 CFR 1 16(i))			mir	us 20 = *		l	x \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	X \$ = 1		1	X 8 =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE s	heets of pap \$250 (\$125 dditional 50	gs exceed 100 on size fee due for each in thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1		
* If the difference in column 1 is less than zero, enter "0" in column 2.						•	TOTAL		1	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	06/14/2011	CLAIMS REMAINING AFTER AMENDMEI	- 1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	- 50	Minus	·· 50	= 0]	x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 10	Minus	···10	= 0]	x s =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAININ AFTER AMENDME	IG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,15(i))		Minus		-]	× \$ =		OR	x s =	
Δ	Independent (37 CFR 1 16(h))	*	Minus	***	-]	X \$ =		OR	X 8 =	
핍	Application Size Fee (37 CFR 1.16(s))					1					
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ji))								OR		
									OR	TOTAL ADD'L FEE	
*If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". *The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3". *The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". *The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". **The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". **The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". **The Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". **If the "1 the "1 this section of the Paid This SPACE is less than 20, enter "20". **If the "1 this section of the Paid This SPACE is less than 20, enter "20". **If the "1 this section of this section of this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20, enter "20". **If the "1 this SPACE is less than 20. **If the "1 this SPACE is l											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPT To to proceed) an application of the completion of the completi ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.